

**CIVIL AIR PATROL
EMERGENCY SERVICES ALERT/RESOURCE REPORT**

Wing:	Report desired A/O 1 Sep and then quarterly as changes dictate. Report Date: _____ 20 ____
Wing Address:	Person to contact and their telephone number /fax/E-mail for questions about information on this form:

ALERT ROSTER

Grade	Name	Work Phone	Home Phone	Pager/Cellular

Resource Data

Please write in the number of each resource currently available.

NO.	ITEM	COMMENTS
	Qualified Incident Commanders	
	Qualified SAR/DR Msn Pilots	(Training budget input)
	Qualified CD Mission Pilots	
	Qualified Observers	(Training budget input)
	Qualified Scanners	
	Qualified Ground Teams	
	Aircraft	
	HF Radio	
	Packet Radio	
	Airborne Repeaters	
	Generators	
	Communications Vehicle	
	Vans	
	4x4 Vehicles	
	Video Image Downlink	(Slow Scan Video)
	Video Cameras (Carry-back)	
	Digital Cameras (Carry-back)	
	35 mm Cameras (Carry-back)	
yes/ no	Radiological Monitoring Capbl.	
	(Other)	